

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 58/757

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		①		①		①
4		/		/		/
5		/		/		/
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8		/		/		/
9	/		/		/	
10	/		/		/	
11		②		②		3
12		②		②		2
13		②		②		2
14		②		②		2
15	/		/		/	
16		/		/		/
17		/		/		/
18		②		②		2
19		②		②		2
20		/		/		/
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22		/		/		/
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24		/		/		/
25		/		/		/
26		/		/		/
27		/		/		/
28		②		②		4
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TOTAL IND.		↓	6	↓	5	↓
TOTAL DEP.	←		24	←	35	←
TOTAL CLAIMS			30		40	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						